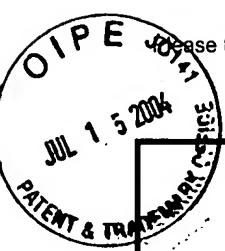


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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/791,694
		Filing Date	March 2, 2004
		First Named Inventor	David R. Zittel
		Group Art Unit	1761
		Examiner Name	
Total Number of Pages in This Submission	3	Attorney Docket Number	338.071

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Formal Drawings	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment /Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Statutory Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Notification of Missing Requirements Under 35 USC 371		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 DECLARATION		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David D. Stein, Registration No. 40,828 Boyle, Fredrickson, Newholm, Stein & Gratz, S.C.
Signature	
Date	July 12, 2004

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

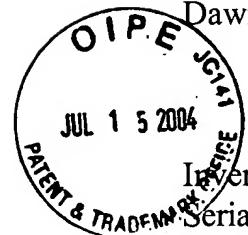
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Dawn M. Oleszak  
Dawn M. Oleszak

Date: July 12, 2004



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Inventor(s): David R. Zittel et al

Docket No.: 338.071

Serial No.: 10/791,694

Filed: March 2, 2004

Examiner:

Group Art Unit: 1761

Title: *Method For Processing Food Product*

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant wishes to make of record the references listed on the attached "Information Disclosure Statement By Applicant" PTO Form 1449.

Applicant also wishes to note the copendency of U.S. reissue application serial no. 10/791,695, a reissue application of commonly owned U.S. Patent No. 6,234,066, as the above-identified application is a reissue application of U.S. Patent No. 6,214,400, the parent to the '066 patent.

Respectfully submitted,

David D. Stein  
David D. Stein  
Reg. No. 40,828

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Sheet 1 of 1.

Form PTO-1449	U.S. Department of Commerce Patent and Trademark Office	Atty. Docket No. 338.071	Appln. No. 10/791,694
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use several sheets if necessary)		Applicant David R. Zittel et al	Filing Date March 2, 2004
			Group Art Unit 1761

## **U.S. PATENT DOCUMENTS**

## **FOREIGN PATENT DOCUMENTS**

	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
						YES	NO

**OTHER REFERENCES** (Including Author, Title, Date, Pertinent Pages, Etc.)

\*EXAMINER \_\_\_\_\_ DATE CONSIDERED \_\_\_\_\_

\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication with client.